EPI-LOG

Communicable Disease and Epidemiology News
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Survey of Hepatitis C Patient Needs

Although formal recommendations have been issued by CDC for preventing progression of liver disease and treatment for patients with chronic hepatitis C infection (HCV), little is known about the needs of HCV-infected persons in King County. In 2004, Public Health-Seattle & King County performed a needs assessment of persons who were reported with chronic HCV to identify priority areas for public health interventions.

Between January 1, 2002 and July 1, 2003, 2,475 persons diagnosed with chronic HCV were reported to Public Health. A standardized questionnaire was administered to a random sample (906) of this group, and to a convenience sample of 21 adults incarcerated in the King County Jail during the same time period.

A total of 197 persons completed the questionnaire (180/906 non-incarcerated and 17/21 incarcerated). Ninety-two percent were aware of their HCV infection. Of those, 12 percent were tested in a public clinic, 55 percent in a private clinic or office, 9 percent in a blood bank, and 6 percent in jail or prison. The most common reasons for being tested for HCV were abnormal liver function tests or symptoms (34 percent), and participation in a program that routinely screens for HCV (19 percent). The remaining 47 percent were screened for other reasons, including routine physicals, life insurance exams, a known exposure, or high risk behavior.

Eight-four percent of persons diagnosed with HCV visited a health care professional after diagnosis. Of these:

- 58 percent reported being counseled to avoid hepatotoxic medications
- 54 percent recalled being offered vaccination for hepatitis A or B
- 47 percent were told to avoid alcohol; **and,**
- 35 percent were treated for their HCV infection.

Thirty-one percent of persons reported that they had not received adequate information about chronic HCV in order to make decisions about managing their condition. Incarcerated persons were more likely than non-incarcerated persons to report being told that nothing could be done for their HCV infection (35 percent vs. 6 percent).

On the basis of these data, we conclude that persons with chronic HCV infection need improved access to information about their disease including measures to prevent progression of disease (including vaccination for hepatitis B and C), and treatment considerations.

The Hepatitis Education Project is a good local resource where healthcare professionals can refer persons with hepatitis C and their families. The mission of the Hepatitis Education Project is to educate patients, medical personnel and the public about hepatitis C and to provide resources to help those living with HCV disease. In addition to providing educational materials, they also sponsor support groups, publish a newsletter, and provide a drop-in center in Seattle. For more information about the Hepatitis Education project, see their website at: www.hepeducation.org, or call (206) 732-0311.

Additional information about hepatitis C can be found at:
www.metrokc.gov/health/prevcont/hepcfactsheet.htm
www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm

FDA Approves a New Combination Vaccine to Help Protect Both Adolescents and Adults against Whooping Cough

On June 10th, 2005, the Food and Drug Administration (FDA) approved a new vaccine for a single booster immunization against pertussis (whooping cough), in combination with tetanus and diphtheria, for adolescents and adults 11-64 years of age. The vaccine will be marketed as Adacel by Aventis Pasteur Limited located in Toronto, Canada. Adacel is the first vaccine approved as a pertussis booster for adults. Vaccines for prevention of tetanus and

diphtheria (Td vaccine) in adolescents and adults have been available for many years.

Recently, FDA approved a similar vaccine called Boostrix, manufactured by GlaxoSmithKline, for use in adolescents 10-18 years of age.

Pertussis is a highly communicable illness in adolescents and adults, and can cause prolonged cough and missed days at school and work. In young infants, who are too young to be fully vaccinated, pertussis is often severe and can be fatal. Since 1980, the rates of reported pertussis cases have been increasing in adolescents and adults, as well as in young infants. Adolescents and adults have been implicated as the source of pertussis infection for susceptible young infants, and other family members.

Recommendations for pertussis immunization in adolescents and adults are scheduled for discussion at the June 29-30, 2005 meeting of the Advisory Committee on Immunization Practices (ACIP), after which formal recommendations may be issued by the CDC.

CDC's Immunization Update

CDC's **"**Immunization Update 2005" will be shown via live satellite broadcast from 8:30 AM to 11:30 AM on July 28th at the Blanchard Plaza Building on 6th and Blanchard in downtown Seattle. The presentation may also be viewed via live webcast on July 28th from 6 to 8:30 AM, and again from 9 to 11:30 AM at: http://www.phppo.cdc.gov/phtn/webcast/immup2005

This "Immunization Update" will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include new recommendations for influenza vaccine, an update of the influenza vaccine supply, meningococcal conjugate vaccine, acellular pertussis vaccine for adolescents, and revised varicella vaccine recommendations.

Continuing education (CE) credit will be offered for both the satellite and web broadcasts. Details on CE credit can be found at: http://www.cdc.gov/nip/ed/ce.htm.

Can't watch it on July 28th? Four to six weeks after the broadcast, this course (along with other archived immunization courses) will be available for self-study via the web at: http://www.cdc.gov/nip/ed

To order a registration form for the in-person satellite broadcast, call Maybelle Tamura at (206) 296-5252 (subscribers to *The VacScene* newsletter will automatically receive a registration form in the mail).

Erratum

In the May 2005 issue of the *EPI-LOG*, we incorrectly stated that Washington State had not detected an animal infected with West Nile Virus since 1992. The correct year was 2002.

Disease Reporting

AIDS/HIV .....(206) 296-4645
STDs .....(206) 731-3954
TB .....(206) 731-4579
All Other Notifiable Communicable Diseases (24 hours a day) ....(206) 296-4774
Automated reporting line for conditions not immediately notifiable.....(206) 296-4782

Hotlines

Communicable Disease .....(206) 296-4949
HIV/STD .....(206) 205-STDS

Public Health-Seattle & King County Online Resources

Home Page: www.metrokc.gov/health/
The *EPI-LOG*: www.metrokc.gov/health/providers
Communicable Disease listserv (PHSKC INFO-X) at: mailman.u.washington.edu/mailman/listinfo/phskc-info-x

Reported Cases of Selected Diseases, Seattle & King County 2005

	Cases Reported in May		Cases Reported Through May	
	2005	2004	2005	2004
Campylobacteriosis	27	21	111	90
Cryptosporidiosis	9	1	40	11
Chlamydial infections	409	468	2,332	2,055
Enterohemorrhagic *E. coli* (non-O157)	0	0	3	0
***E. coli* O157: H7**	3	6	12	9
Giardiasis	8	9	43	51
Gonorrhea	147	95	661	472
***Haemophilus influenzae* (cases <6 years of age)**	1	0	1	2
Hepatitis A	2	0	8	3
Hepatitis B (acute)	4	1	11	14
Hepatitis B (chronic)	72	68	258	272
Hepatitis C (acute)	1	0	4	5
Hepatitis C (chronic, confirmed/probable)	118	129	528	568
Hepatitis C (chronic, possible)	33	26	198	149
Herpes, genital (primary)	22	86	252	294
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	41	28	209	180
Measles	0	0	0	6
Meningococcal Disease	0	1	10	9
Mumps	0	0	1	0
Pertussis	39	19	102	100
Rubella	0	0	1	0
Rubella, congenital	0	0	0	0
Salmonellosis	23	16	89	77
Shigellosis	4	3	26	30
Syphilis	7	10	66	39
Syphilis, congenital	0	0	0	0
Syphilis, late	4	6	34	31
Tuberculosis	6	6	42	48